Embassy of the United States of America

Attention: Special Self Help Coordinators Corner of United Nations and Independence PO Box 31617, Lusaka, Zambia Phone: 250955, Fax: 252225, extensions 2355 and 2391

The U. S. Democracy and Human Rights Fund Application Form Available Free of Charge

For office use only

		Rec'd on	Resp. Sent on
1. Organization Name:			
Please attach registration docu	umentation, but d	o NOT attach organiza	ation constitution.
Is the organization a start-up?	Yes	. No	
Founded on (date):	in (city/town)	/province)	
Goals/Objectives:			
Membership requirements:			
Number of registered members	s: Female	Male	
Does the organization have an	office, or have ac	cess to one? *Yes	No
* If yes, the physical location is			
2. Contact Information: This pe	erson would serve	as the Project Manage	er, responsible for obtaining
invoices, receipts, materials, re	eceiving funding,	coordinating the work	and seeing that the project
is completed on time.			
Given name	Surname	Tel	:
Post Address			
Email:	Fax No.	:	
3. Describe any activities, simi	lar to the one tha	t you are applying, tha	at you or the organization
have/has done successfully in t	the past.		

	to (date)
Who were the participants and how many?	
What was the activity about?	
	to (date)
Where?	
Who were the participants and how many?	
What was the activity about?	
How was the activity funded?	
	to (date)
When were the participants and how many?	
How was the activity funded?	
5. Brief description of the <u>activity for which you a</u>	
and DO NOT attach any extra sheets or proposals.	

Who will be the participants?
How many (estimate)? Female Male Male
What is the activity? (Again, be specific and brief. Use only the space provided below.)
 How does the activity address the issues of democracy and human rights?
What do you hope the activity will achieve?

	Estimated Gost in Rwadia
Item	Do not attach additional pages or invoices/proformas. Estimated Cost in Kwacha
the sp	pace provided.
	de a line itemized budget for completing your project. Again, be concise and use only
When	did you submit your application to them?
	, who?
	you applied from other funding agencies for the same activity?
	vou applied from other funding agencies for the same activity?
	is the amount of money that you want to request from our fund?
	is the timetable for the activity (must be under 12 months)?
•	es (e.g. School, community center, etc.):
	e will the activity take place? Town):(Province):

(Line itemized budget continued.)	
Item	Estimated Cost in Kwacha
	otal budget
6. References: Please list three references and p	
All references must:	
1. Identify their relation to the project coor	dinator and/or the organization.
2. Cite specific examples that validate the a	bility of the project coordinator and/or the
organization to implement the project.	
Attach the letters with this application.	
Name 1:	
Name 2:	
Name 3:	
Vous name, (print)	
Your name: (print)	
Signature:	
	eck List
Please be sure that you have attached the follow	
Attachment 1: Registration of your organization	
Attachment 2: Three letters of references.	

Please DO NOT attach any unrequested documents, such as project proposals, or proformas!